Fill in this information to identify your case:				
Debtor 1	Christopher Linley C	laffier Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: District of Maryland				
Case number (If known)	17-15159			

Check one box only as	directed	in this	form	and	in
Form 122A-1Supp:					

- 1. There is no presumption of abuse.
- 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

## Official Form 122A-1

## **Chapter 7 Statement of Your Current Monthly Income**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

## Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
  - Not married. Fill out Column A, lines 2-11.
  - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
  - Married and your spouse is NOT filing with you. You and your spouse are:
    - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
    - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

3.	<b>Alimony and maintenance payments.</b> Do not include Column B is filled in.	payments from a spouse if
4.	All amounts from any source which are regularly pai of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a spe filled in. Do not include payments you listed on line 3.	Include regular contributions , your dependents, parents,
5.	Net income from operating a business, profession, or farm Gross receipts (before all deductions)	Debtor 1 Debtor 2 § 0.00 § 1,020.(
	Ordinary and necessary operating expenses	- \$ <u>0.00</u> - \$ <u>30.0</u> 0

2. Your gross wages, salary, tips, bonuses, overtime, and commissions

	Net monthly income from a business, profession, or farm	1		
6.	Net income from rental and other real property Gross receipts (before all deductions)			
	Ordinary and necessary operating expenses			

(before all payroll deductions).

Debtor 1	Debtor 2 or non-filing spouse

0.00

0.00

0.00

- \$ 0.00 \$ 0.00
- 7

s 5.792.00

Debtor 1	Christopher Linley Jaffier First Name Middle Name Lord North		Case number (if known) 1	17 15150
	rust warne Middle Name Last Name	4	Case Huttiber (#known)	17-13 139
Andrew Commonweller City			Column A Debtor 1	Column B Debtor 2 or non-filing spouse
ě	ployment compensation		<b>\$</b>	s 0.00
under	tenter the amount if you contend that the amount if you contend that the amount if you contend the your contend that the amount if you contend the your contend the you	<b>.</b>		V
For	you	\$ <u>0.00</u>		
	your spouse			
Dericin	on or retirement income. Do not include any a under the Social Security Act.		<b>\$</b> 0.00	\$ 0.00
as a vi	e from all other sources not listed above. Sinclude any benefits received under the Social ctim of a war crime, a crime against humanity, m. If necessary, list other sources on a separa	Security Act or payments receive		<u> </u>
<u> </u>			\$0.00	\$0.00
			\$ <u>          0.0</u> 0	\$0.00
Total	amounts from separate pages, if any.		+ \$0.00	+ \$ 0.00
11. Calcula column	ate your total current monthly income. Add I Then add the total for Column A to the total for	ines 2 through 10 for each or Column B.	\$_5,792.00 <b>+</b>	\$990.00 =
Part 2:	Determine Whether the Means Test A	pplies to You		monthly income
12. Calcula	te your current monthly income for the year	r. Follow these steps:		
12a. C	opy your total current monthly income from line	e 11	Copy	line 11 here→ \$ 6.782.00
M	ultiply by 12 (the number of months in a year).			x 12
12b. TI	he result is your annual income for this part of	the form.		12b. \$ <u>81,384.00</u>
13. Calcula	te the median family income that applies to	you. Follow these steps:		
Fill in the	e state in which you live.	Maryland		
	e number of people in your household.	6		
Fill in the	median family income for your state and size	of household	***************************************	\$ 129,485.00
instructio	ons for this form. This list may also be available	online mains the first are not as a	he separate	
14. How do	the lines compare?			
14a. 🗖	Line 12b is less than or equal to line 13. On the Go to Part 3.	e top of page 1, check box 1, The	re is no presumption of	abuse.
14b. 🔲	Line 12b is more than line 13. On the top of pa Go to Part 3 and fill out Form 122A-2.	ge 1, check box 2, The presumpti	ion of abuse is determin	ned by Form 122A-2.
Part 3:	Sign Below			
В	y signing here, I declare under penalty of perju	ry that the information on this stat	tement and in any attac	hments is true and correct
		<b>x</b> Q	Am	and correct.
	Signature of Debtor 1	Sign	ature of Deplor/2	
	Date 04 27 2017 MM / DD / YYYY	Date	04 27 20/7 MM/ DD / 1999	
	If you checked line 14a, do NOT fill out or file	Form 1224_2		
	If you checked line 14b, fill out Form 122A-2			
	ent of the state o			